

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 091760, 362
APPLICANT(S)

FILING DATE

4-12-04

CLAIMS

	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1	/			
2	/			
3	/			
4	/			
5	/			
6				
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49				
50				
TOTAL IND.	3	0	0	0
TOTAL DEP.	15	0	0	0
TOTAL CLAIMS	18			

*	IND.	DEP.	IND.	DEP.	IND.	DEP.
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52						
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99						
100						
TOTAL IND.						0
TOTAL DEP.					0	
TOTAL CLAIMS					0	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS